

OCT 27 2005

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From: JAMES HERDENBACH
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PTO/SB/82 (04-05)

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NEW POWER OF ATTORNEY
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Application Number	10/705,654
Filing Date	11/10/2003
First Named Inventor	HIGGINS, LINDA S.
Art Unit	2121
Examiner Name	MICHAEL B. HOLMES
Attorney Docket Number	286969, 122-HST

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

None

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ZIBIX, INC.		
Address	ATTN: LINDA S. HIGGINS P.O. BOX 8471		
City	SALEM	State	MA
Country	U.S.A.		
Telephone	(781) 639-1170	Email	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Linda S. Higgins</i>		
Name	LINDA S. HIGGINS		
Date	10/26/05	Telephone	(781) 639-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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OCT 27 2005

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Art Unit	2121
Examiner Name	MICHAEL B. HOLMES
Attorney Docket Number	286-969-12241STX

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The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ZYBIX, INC.		
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SIGNATURE of Applicant or Assignee of Record

Signature	<u>James R. Heidenreich</u>		
Name	JAMES R. HEIDENREICH		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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